

EXHIBIT D

SHOULD A RETURN BE NECESSARY, PLEASE USE THIS
PRE-ADDRESSED LABEL FOR SPEEDY PROCESSINGR
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U
R
NFROM:
BRIAN ALFORD A196-744 / 2B
C/O R.C.I.
PO BOX 7010
CHILLICOTHE, OH 45601-7010

THIS PACKAGE CONTAINS:

☐ Exchange
☐ Refund or Credit
(Please mark appropriate box)

Order # 365075

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LTO: HITCHCOCK SHOES, INC.
ATT: RETURNS DEPT
225 BEAL ST
HINGHAM, MA 02043**Hitchcock** WIDE SHOES225 Beal Street • Hingham, Massachusetts 02043
Customer Service (888) 599-9433 or (781) 749-3571
Fax (781) 749-3576 e-mail: hitchcock@wideshoes.com
www.wideshoes.comOrder #: 365075
Order Date: 1/12/2024

ORDER: Mail

Bill To: Key Code: C20-274150
BRIAN ALFORD A196-744 / 2B
C/O R.C.I.
PO BOX 7010
CHILLICOTHE, OH 45601-7010ShipTo: Key Code: C20-274150
BRIAN ALFORD A196-744 / 2B
C/O R.C.I.
PO BOX 7010
CHILLICOTHE, OH 45601-7010

Row	SKU	Size	Width	Order	B/O	Ship	Description	Unit Price	Total Due	Expected Back in Stock
B24	DN2327	12	4E	1		1	Brown 8000 Works 6" Boot (12, 4E)	\$174.95	\$174.95	
C14	1540BK3	12	4E	1		1	Black 1540 Version 3 Runner (12, 4E)	\$179.95	\$179.95	
G04	WRIN	12	4E_6E	1		1	WalkRight Replacement Insoles (12, 4E_6E)	\$49.95	\$49.95	
G04	WRIN	12	4E_6E	1		1	WalkRight Replacement Insoles (12, 4E_6E)	\$49.95	\$49.95	
							Standard Shipping	\$15.95	\$15.95	

Product Subtotal: \$454.80
Shipping & Handling: \$15.95
Taxes: \$34.13
Total: \$504.88
Type of Payment: Check Check
Balance: -\$9.49
Order Number: 365075



***Standard Shipping 477196

Style #200B1 is not available in size 12 4E. A refund check to follow.

PLEASE! Be sure these shoes fit comfortably before you start to wear them. We want you to be satisfied with your purchase, but we cannot exchange worn or damaged shoes. Try them on with a soft carpet underfoot. Bending shoes doesn't help fit but can ruin them. **Unworn, undamaged shoes may be returned within 30 days of receipt for exchange or refund of the purchase price.** Sorry, shipping charges are not refundable.

RETURN / EXCHANGE FORM
Please complete fully when returning shoes

NAME _____

STREET _____ APT. # _____

CITY _____ STATE _____ ZIP _____

REASON CODES
PLEASE INDICATE FOR EACH ITEM RETURNED

- 02 DIDN'T LIKE
 03 NOT COMFORTABLE
 04 NOT AS PICTURED
 05 QUALITY NOT AS EXPECTED
 06 ARRIVED TOO LATE
 07 SHIPPING ERROR: WRONG SIZE OR STYLE
 09 **INCORRECT FIT** (Please check all boxes that apply)

ORDER NUMBER _____

PLEASE DO NOT WRITE IN SHADED AREAS

Rec'd: _____

Via/Post: _____

Open: _____

Exch. By: _____

1.) PLEASE LIST ITEMS THAT YOU ARE RETURNING:

# PRS	STYLE NUMBER	SIZE	WIDTH	COLOR	REASON	PRICE PAID

2.) ACTION DESIRED (CHECK ONE):TOTAL CREDIT
for shoes returned →☐ **REFUND**PURCHASE PRICE OF
RETURNED SHOES
(if cash/check purchase)☐ **CREDIT CHARGE CARD**FOR RETURNED SHOES
(we credit charge card used
to make original purchase)☐ **EXCHANGE**FOR ITEMS LISTED BELOW
(do NOT check this box if
you have already re-ordered
by telephone!)**3.) LIST ITEMS WANTED IN EXCHANGE:**

(If you have already telephoned your replacement order to us, leave this section blank or you may receive a duplicate shipment.)

# PRS	STYLE NUMBER	SIZE	WIDTH	COLOR	PRICE

TOTAL PRICE →
of shoes to be sent**IMPORTANT!**

Returned-style(s)-fit as indicated below:

- ☐ Length O.K. ☐ Width O.K.
☐ A little too long ☐ A little too narrow
☐ Much too long ☐ Much too narrow
☐ A little too short ☐ A little too wide
☐ Much too short ☐ Much too wide
☐ Tight at instep ☐ Loose at heel

PLEASE USE SEPARATE SHEET FOR ANY ADDITIONAL
INFORMATION TO HELP US FIT YOU CORRECTLY.☐ Check here if you wish us to use our judgment
in fitting you, based on your comments and our
knowledge of our wide-width styles.**4.) PAYMENT RECONCILIATION:**

TOTAL CREDIT for returned shoes	
TOTAL PRICE of items to be sent	
BALANCE DUE YOU (if any)	
ADDITIONAL PAYMENT DUE TO HITCHCOCK	

225 Beal Street • Hingham, Massachusetts 02043
 Customer Service (888) 599-9433 or (781) 749-3571
 Fax (781) 749-3576 e-mail: hitchcock@wideshoes.com
 www.wideshoes.com

MERCHANDISE RETURN INSTRUCTIONS

1.) Pack shoes carefully in their original box and a sturdy shipping carton. Never wrap shoes in newspaper. Do not mark shoes with tape, pen, etc., or tape box tops. (Remember: only unworn and undamaged shoes are returnable! If an unforeseeable problem arises after wear, call or write us about it. Worn shoes should not be returned without our prior authorization.)

2.) Shipping charges are not refundable but we do not charge extra for shipping an exchange order to you unless you wish special services. (See catalog for per pair surcharges.) Exchanges sent to addresses outside the U.S. are charged the actual shipping fees incurred.

3.) Enclose this exchange form and any note in the box with your shoes. (Separate letters delay processing.) Keep a copy for your own reference.

4.) For your protection, return merchandise **INSURED** by parcel post or UPS and keep the receipt. All shipping charges must be prepaid.

5.) Use the **preprinted** label on the other side of this form or address your package to: **HITCHCOCK SHOES, INC., ATTENTION: RETURNS DEPT., 225 BEAL STREET, HINGHAM, MASS. 02043-1596.**

6.) For better service when inquiring about returns, exchanges or problems, please provide the order number from your packing list. Allow adequate time for round-trip travel and processing of your exchange.

Ref# TOCI0621002646	Housing:A2W0001	Date Created:06/29/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:ADA	Description:ADA
Urgent:No	Time left:n/a	Status:Closed

Original Form

6/29/2021 4:39:32 PM : (a196744) wrote

MR. REED I NEED TO RESUBMIT AN INMATE REASONABLE ACCOMMODATION REQUEST FOR SIZE 12 3E BOOTS. ALTHOUGH MEDICAL APPROVED PURCHASE ON 3-31-21 AND THE BOOTS ARRIVED ON 6-21-21, THE OTHER PART OF APPROVAL AT LEVEL 4 IS ADA APPROVAL, AND ON 10-16-18 JOSHUA GEJEWSKI FAILED TO VERIFY THIS NEED IN MY MEDICAL FILE. THEREFORE, THE BOOTS WILL BE HELD UNTIL ADA APPROVAL. THANK YOU!

Communications / Case Actions

6/29/2021 4:39:32 PM : (a196744) wrote

Form has been submitted

6/30/2021 11:06:28 AM : (Troy Reed) wrote

I will bring you a ADA accommodation request shortly. Thank you.

6/30/2021 11:06:35 AM : (Troy Reed) wrote

Closed incarcerated individual form

Manual Fill-In[illegible]

State of Ohio Department of Rehabilitation and Correction Inmate Reasonable Accommodation Request

Institution: <u>TOLEDO (CORRECTIONS)</u>	Date: <u>7.1.21</u>
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In processing this request, verification will be made that the inmate has a disability that is covered under the Americans With Disabilities Act.

Inmate Name (Print): <u>ALFORD, BRIAN KEITH</u>	Number: <u>A196744</u>	Housing Assignment: <u>A21W101</u>
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- * In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individual with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity or be subjected to discrimination.
- * You may use this form to request a specific reasonable accommodation which, if granted, would enable you to participate in a service, activity or program offered by the department or institution, for which you are otherwise qualified and eligible to participate.
- * Submit this completed form to the institution's ADA Coordinator for inmates. A decision will be rendered within 10 working days of receipt at the ADA Coordinator's office, unless further investigation is warranted, and the completed form will be returned to you.
- * If you do not agree with the decision on this form, you may pursue further review by appealing to the Special Needs Assessment Committee in care of the central office ADA Coordinator for inmates.

Modification or Accommodation Requested

Description of Disability: SCOLYOSIS, DEGENERATIVE SPINE DISORDER, LATTICE (HOLES IN RETINAS), IMPAIRED VISION AND IMBALANCE, NEUROPATHY [FEET] AND CIRCULATORY PROBLEMS IN FEET, SPINAL INJURIES

Do you have any verification of your disability? If so, please attach copies. SEE ATTACHMENTS
ALSO SEE MEDICAL FILE IF NEEDED.

What specific accommodation is requested? Explain how the accommodation will enable you to participate in a program, activity or service offered by the Department or Institution. REQUEST PERMISSION TO RECEIVE MEDICALLY APPROVED SIZE 12 EEE BOOTS WHICH ARRIVED ON 6-21-21 FROM HITCHCOCK SHOES, INC. [SEE ATTACHED RECEIPTS, PRIOR APPROVAL IN FEDERAL BUREAU OF PRISONS W/ RECEIPT AND MEDICAL AUTHORIZATION], AND CORAL APPROVAL IN 1996 AT RECZ

Inmate Signature: <u>[Signature]</u>	Date Signed: <u>7.1.21</u>
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Inmate Reasonable Accommodation Request ADA Coordinator's Action

Type of ADA Issue

- ☐ Program, Service, or Activity Access (not requiring structural modification)
☒ Auxiliary Aid or Device Requested
☐ Other:
☐ Physical Access (requiring structural modification)

Discussion of findings and basis of recommendation:

A196744 Alford, Brian is requesting authorization to receive size 12 EEE boots that he had purchased from outside vendor Hitchcock. According to email and verbal communication with Major Brown & Unit Manager Abbott the purchase was unauthorized. A cash slip from inmate Alford was signed by Mrs. Abbott on 5/29/2021 for \$414.83. Cash slip observed when interviewing inmate Alford on 7/16/2021.

Inmate Alford was scheduled to see Doctor Porter for evaluation Monday 7/19/21." Dr. Porter communicated in an email on 7/20/2021 "Alford does not need boots for his medical condition." Major Brown states boots are no longer available to be purchased by offenders in ODRC. HCA Segar communication states "According to inmate Alford's medical file it states that high top shoes maybe an alternative to boots for ankle issues."

Did you verify disability with medical staff? ☒ Yes ☐ No

Explain how inmate's disability was verified:

HCA Mr. Segar was contacted and has confirmed Alford's list of medical disabilities.

Recommendation Submitted by: Troy Reed

Date Inmate Was interviewed: Jul 16, 2021	Signature: Troy D. Reed	Date: 7/21/2021
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Recommendation: ☐ Grant ☒ Deny ☐ Partially Grant

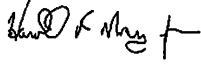
Note: If disposition is based upon information provided by other staff or other resources, specify the resources and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

Warden's Section

☐ Recommendation Approved ☒ Recommendation Not Approved

Comments:

Boots are not permitted at a level 4 facility.

Warden's or Designee's Signature: Harold F. May		Date Signed: 7/29/2021	Date Returned to Inmate: Aug 2, 2021
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Ref# TOCI0721002264	Housing:A2W0001	Date Created:07/25/2021
ID#: A196744	Name:ALFORD,BRIAN	
Form:Kite	Subject:ADA	Description:ADA
Urgent:No	Time left:n/a	Status:Closed

Original Form

7/25/2021 2:10:12 PM : (a196744) wrote

MR. REED: REGARDING OUR INTERVIEW ON MY ADA ACCOMODATION, YOU STATED THAT WHATEVER YOUR DECISION, THE WARDEN CAN STILL APPROVE MY REQUEST. THIS IS NOT TRUE. ACCORDING TO THE DISCLAIMER IN TOCI HANDBOOK, THE WARDEN TO DESIGNEE MUST APPROVE THE ADA COORDINATORS RECOMMENDATION. (PAGE 7, 8). ALSO, I WAS INTERVIEWED BY DR. PORTER AGAIN THIS WEEK TO REITERATE MY MEDICAL NEED FOR THE ACCOMMODATION. ON 7-23-21 MY APPEAL TO THE WARDEN WAS DENIED REQUESTING TO REMAIN LEVEL-4 FOR HEALTH REASONS DUE TO THE SURGE IN DELTA VARIANT CONTAMINATIONS FOR PERSONS IN MY POSITION. I AM APPEALING THIS DECISION TO OPERATIONS SUPPORT ON 7-26-21. HOWEVER, THE COMPUTER ON JPAY SHOWS I AM ALREADY LEVEL-3 AND TRANSFER HAS BEEN APPROVED TO WCI. THIS IS A CLEAR VIOLATION OF POLICY, AND I AM APPEALING IT. JUST INFORMATION TO UPDATE YOU WITH.

Communications / Case Actions

7/25/2021 2:10:12 PM : (a196744) wrote

Form has been submitted

8/2/2021 3:19:44 PM : (Troy Reed) wrote

Thank you for the information. Warden May returned with a response and did not support or approve of your accommodation request.. . Warden May stated "boots are not permitted at a level 4 facility." Thank you.

8/2/2021 3:19:51 PM : (Troy Reed) wrote

Closed incarcerated individual form

Manual Fill-In

State of Ohio Department of Rehabilitation and Correction Inmate Reasonable Accommodation Request

Institution: TOLEDO CORRECTIONAL	Date: 10/16/2018
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In processing this request, verification will be made that the inmate has a disability that is covered under the Americans With Disabilities Act.

Inmate Name (Print): ALFORD, BRIAN KEITH	Number: A196744	Housing Assignment: A1/W/0014
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- * In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individual with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity or be subjected to discrimination.
- * You may use this form to request a specific reasonable accommodation which, if granted, would enable you to participate in a service, activity or program offered by the department or institution, for which you are otherwise qualified and eligible to participate.
- * Submit this completed form to the institution's ADA Coordinator for inmates. A decision will be rendered within 10 working days of receipt at the ADA Coordinator's office, unless further investigation is warranted, and the completed form will be returned to you.
- * If you do not agree with the decision on this form, you may pursue further review by appealing to the Special Needs Assessment Committee in care of the central office ADA Coordinator for inmates.

Modification or Accommodation Requested

Description of Disability: SCOLYOSIS, DEGENERATIVE SPINE DISORDER, LATTICE HOLES IN BOTH RETINAS), IMPAIRED VISION AND BALANCE

Do you have any verification of your disability? If so, please attach copies. SPINAL DISORDER AND INJURIES IN MEDICAL FILE, EYE INFORMATION ATTACHED.

What specific accommodation is requested? Explain how the accommodation will enable you to participate in a program, activity or service offered by the Department or Institution. REQUEST PERMISSION TO PURCHASE SIZE 12EEE BOOTS FOR STABILITY AND SUPPORT, AND FOR CIRCULATORY PROBLEMS WITH MY FEET. [SEE MEDICAL RECORDS, BOOT INFORMATION, FBOP RELEASE INFORMATION, FBOP MEDICAL BOOT AUTHORIZATION AND PURCHASE

Inmate Signature:	Date Signed:
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D-4

Inmate Reasonable Accommodation Request ADA Coordinator's Action

Type of ADA Issue

☒ Program, Service, or Activity Access (not requiring structural modification)

☒ Auxiliary Aid or Device Requested **BOOTS - Size 12 EEE**

☐ Other: _____

☐ Physical Access (requiring structural modification)

Discussion of findings and basis of recommendation: A196744 ALFORD, BRIAN is requesting size 12 EEE boots, or at least the ability to purchase them. After conferring with medical, it was determined that the offender accepted a pair of boots from the medical department on 2/21/2018 (see attached medical equipment permit). The offender contends that the size was not appropriate. The offender is still in possession of said footwear, and must address sizing issues with the department that permitted issuance or submit an informal complaint.

Did you verify disability with medical staff? ☐ Yes ☒ No

Explain how inmate's disability was verified: Request was determined to have been addressed via ToCI's medical staff.

Recommendation Submitted by:

Date Inmate Was interviewed: 10/16/2018	Signature: <i>ADA Coordinator Joshua Gajewski</i>
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Recommendation: ☐ Grant ☒ Deny ☐ Partially Grant

Note: If disposition is based upon information provided by other staff or other resources, specify the resources and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

Warden's Section

☐ Recommendation Approved

☒ Recommendation Not Approved

Comments: Denial to address with medical staff

Warden's or Designee's Signature: <i>[Signature]</i>	Date Signed: 12/6/18	Date Returned to Inmate: 12/10/18
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D-5

STATE OF OHIO DEPARTMENT OF REHABILITATION AND ORRECTION
APPEAL FOR AN INMATE REASONABLE ACCOMMODATION REQUEST
THE SPECIAL NEEDS ASSESSMENT COMMITTEE
ROGER WILSON – ADA COORDINATOR FOR INMATES

TOLEDO CORRECTIONAL INSTITUTION

DATE 8.5.21

NAME: ALFORD, BRIAN KEITH

NUMBER: A196-744

LOCK: A2W1

THE ALLEGATION THAT THE PURCHASE MADE FOR SIZE 12 3E MEDICALLY
APPROVED BOOTS PURCHASED FROM OUTSIDE VENDOR HITCHCOCK SHOES WAS
UNAUTHORIZED IS NOT SUPPORTED BY THE RECORD.

MS. ABBOTT INITIALLY AUTHORIZED THE PURCHASE ON 6-15-20 AND
AGAIN ON 7-30-20 IN E-MAIL COMMUNICATIONS TOCI0620001218 AND
TOCI0720002604 WHEN PHOTOS OF THE ORDER WERE GIVEN IN PERSON. THE
FIRST ORDER WAS RECEIVED ON 9-10-20 BUT CONTAINED THE WRONG SIZE GYM
SHOES (12 4E) AND THE BOOTS WERE ON BACK ORDER BUT ALSO THE WRONG
SIZE (12 4E) RECEIPT IS ATTACHED HERETO.

THEREFORE, I MADE A SECOND REQUEST ALSO THROUGH MS. ABBOTT TO
PURCHASE THE CORRECT SIZE BOOTS, GYMS SHOES AND SHOWER SHOES ON 3-9-

21 AND WAS INFORMED BY MS. ABBOTT TO SEE MEDICAL FOR THE PURCHASE IN TOCI0321000974 ATTACHED. ROBERT ZILLES RESPONDED THAT DR. BABB WOULD DETERMINE THE APPROPRIATE FOOTWEAR FOR MY MEDICA NEEDS ON 3-10-21 IN TOCI0321001122 IN SPITE OF PRIOR APPROVAL BEING GIVEN BY DR. BIGLER AND THE LAST PODIARTRIST IN 2018 WHEN THE WRONG SIZE BOOTS WERE PURCHASED MY MEDICAL AHCA BARKER. ON 3-19-21, 3-25-21, AND 3-31-21 DR. BABB ATTEMPTED TO RECALL THE PREVIOUS ORDERS, BUT A SECOND PASS WAS ISSUED ON 3-31-21 WHERE THE AUTHORIZATION TO PURCHASE WAS APPROVED WHICH IS ATTACHED. MS. ABBOTT AUTHORIZED THE PURCHASE ON 5-29-21 AND WHEN THE PURCHASE ARRIVED IT DID NOT CONTAIN THE SIZE 12 3E BOOTS AND A PAIR OF FLORSHEIM CASUALS WERE RETURNED AND MAILROOM INSTRUCTED THAT THE BOOTS WOULD FOLLOW. HOWEVER, ON 6-21-21 WHEN THE ORDER SHOWED ON JPAY IT WAS DENIED, AND AFTER HAVING THE OFFICER CALL THE MAILROOM IT WAS STATED THAT MS. ABBOTT DID NOT AUTHORIZE THE ORDER AND ONLY AUTHORIZED SHOES. I FOLLOWED MS. ABBOTTS INSTRUCTIONS BY GOING BACK TO MEDICAL STAFF FOR THE APPROVAL, AND YET WHEN THE ORDER ARRIVED ATTEMPTS ARE STILL BEING MADE TO DENY PROPERLY FITTED MEDICALLY APPROVED BOOTS WHICH ARE NEEDED FOR LEGITIMATE DISABILITY WHICH CAUSES IMBALANCE, BACK PAIN, CIRCULATORY PROBLEMS IN MY FEET TO

WHICH HAS NOW ESCALATED TO NEUROPATHY. ON 7-19-21 WHEN INTERVIEWED BY DR. PORTER HE VERIFIED MY NEED FOR MEDICALLY APPROVED BOOTS, AND SAID HE WAS MEETING WITH HCA DENNIS SEGER TO RESOLVE IT. I LATER LEARNED THAT DR. PORTER, WORKING WITH DENNIS SEGER ALTERED INFORMATION IN MY MEDICAL FILE BY STATING BOOTS OR HIGH TOP SHOES CAN MEET MY NEEDS. THIS IS NOT THE FIRST TIME DENNIS SEGER HAS ALTERED INFORMATION IN MY MEDICAL FILE ERRONEOUSLY, AND HE AND DR. PORTER ARE BEING AMENDED INTO CIVIL COMPLAINT 2:21-CV-01878 WHICH WAS TRANSFERRED TO NORTHERN DISTRICT OF TOLEDO ON JUNE 3RD, 2021.

MR. REED WAS INFORMED THAT DWO WALTERS AND MAJOR BROWN WERE MADE AWARE THAT THE PURCHASE WAS APPROVED BY MEDICAL STAFF ON 3-31-21 AND AGREED TO HOLD THE BOOTS UNTIL THE OTHER HALF OF APPROVAL WAS COMPLETED BY SUBMITTING AN ADA REASONABLE REQUEST [SEE TOCI0621002648 6-29-21, TOCI0621002639 6-29-21, TOCI0621002646 6-29-21 ATTACHED]. WHEN MR. REED INTERVIEWED ME REGARDING MY NEEDS, HE STATED AT THE INTERVIEW THAT IT DID NOT MATTER WHAT HIS DECISION WAS, THE WARDEN COULD STILL APPROVE MY REQUEST. HOWEVER, I NOTIFIED MR. REED IN WRITING THAT THIS WAS CLEARLY NOT THE CASE ACCORDING TO THE AMERICANS WITH DISABILITIES DISCLAIMER IN THE TOCI HANDBOOK AT PAGE 7,

8 [ATTACHED]. HE RESONDED ONLY AFTER THE WARDEN DENIED MY RESONABLE REQUEST.THE ALTERATION AND FABRICATION OF THE FACTS ONLY STARTED AFTER THE FILING OF CIVIL COMPLAINS 2:21-CV-01878 AND 2:20-CV-3879 WHICH NAME THE WARDEN, DR. BABB AND FORMER HCA ROBERT ZILLES FOR THE DELAY IN PROVIDING PROPERLLY FITTED BOOTWHICH RESULTED IN DAMAGE TO THE NERVES IN MY FEET. BOOTS ARE STILL PERMITTED WITH ADA AUTHORIZATION. THE DELAY IN PROVIDING ADA AUTHORIZATION FROM 10-16-18 TO DATE HAS CAUSED ADDITIONAL PROBLEMS SUCH AS HIP DYSPLACIA, HIP PAIN, LEG PAIN AND OTHER RELATED ISSUES WITH MY SINE DISORDER. REQUEST THAT MY REASONABLE INAMTE ADA ACCOMMODATION BE GRANTED AND MY BOOTS ISSUED TO MEET MY NEEDS.

RESPECTFULLY SUBMITTED;


BRIAN KEITH ALFORD A196-744

Business Administrator 3: The Business Administrator (BA3) has the responsibility of overseeing the entire fiscal operation of the institution. The BA3 is the direct supervisor of the following staff: Quartermaster, Commissary, Warehouse, Business Office, and Cashiers Office.

Inspector of Institutional Services: Warden's designee for the dissemination of the Offender Grievance Procedure, as described in AR 5120-9-31. This person also serves as the liaison between the Office of the Attorney General, CIIC, and the offenders.

Operational Compliance Manager: This person has the responsibility of monitoring compliance with DRC/TOCI policies, ACA standards, and the Prison Rape Elimination Act (PREA).

OFFENDER KITE SYSTEM

DRC Form 2005 (a kite) is to be used by offenders when they wish to write a staff member concerning an institutional question, problem, and/or concern. The index at the end of this handbook is designed to assist you in determining who to kite for various department issues.

The offender shall write his name, number, the date, unit, lock, assignment and the name of the person the kite is to go to on the outside of the form. On the inside of the form the offender is to write his question, problem, or concern. All kites are to be responded to within seven calendar days of receipt and sent back to the offender.

TOBACCO USE

Toledo Correctional Institution and ODRC are tobacco free as of March 1, 2009. Possession of tobacco and tobacco paraphernalia is a violation of institutional rules. The offender caught with tobacco in their possession may be subject to discipline.

AMERICANS WITH DISABILITIES DISCLAIMER

It is the policy of the Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, program assignments and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to offenders when a demonstrated need exists. Offenders who need an accommodation shall complete the Offender Reasonable Accommodation Request form and submit it to the Institutional Americans Disability Act (ADA) Coordinator for offenders (as posted in your housing unit). The offender's request shall be evaluated and considered based upon security concerns and the individual offender's actual needs as verified by medical staff. Requests may be granted, denied or partially granted by providing an alternative accommodation. The Warden or designee must approve the ADA Coordinator's

recommendation. The decision will be reported on the ADA Coordinator's action form, which will be returned to the offender affected within 10 working days unless further investigation is warranted. If the offender disagrees with the decision, he may appeal to the Special Needs Assessment Committee in care of the Operation Support Center ADA Coordinator for offenders, through the Office of the Chief Inspector.

RECEPTION AND ORIENTATION

Offenders will be given access to an Inmate handbook and orientation in his own language (when possible), or have a translation done for him as arranged by Unit Staff. ALL INMATE HANDBOOKS ARE TO BE RETURNED TO YOUR UNIT STAFF AFTER 14 DAYS OF YOUR ARRIVAL. Inmate handbooks are located in the Library and at each officer station for further reference.

In the event a literacy or language barrier problem exists, Unit Staff will verbally assist the offender in understanding the information. All offenders will receive orientation within seven working days of arriving at Toledo Correctional Institution, excluding weekends and holidays. Orientation will occur for all offenders transferring from a reception center or another ODRC institution.

PREA: If an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the offender shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This can be accomplished by the offender forwarding a kite to the medical or mental health departments.

If an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This can be accomplished by the offender forwarding a kite to the mental health department.

Upon completion of the Orientation, the offender will sign and date that he did receive Orientation. Orientation may cover at minimum, the following areas:

Mental Health	Unauthorized Groups	Americans Disability Act
Safety/Sanitation	Barber Services	Cashier's Office
Classification/Reclassification	Transfers	Reentry / ORAS / RAP
Unit Management	Offender Programs	Education
Commissary	Offender Grievance Procedure	Job Change
Offender Job Linkage	Release Preparation	Library / Law Library

B 7 / D-8

**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
WESTERN DIVISION**

Brian Keith Alford,

Plaintiff,

Case No. 3:21-CV-01123

v.

Judge James G. Carr

Robert Zilles, et. al,

Defendants.

Magistrate Judge

Darrell A. Clay

AFFIDAVIT OF AND DECLARATION OF BRIAN KEITH ALFORD, PLAINTIFF

I, Brian Keith Alford, prisoner No. A196-744, make this sworn declaration, under penalty of perjury and declare that the statements made below are true and accurate:

- 1. That I have personal knowledge of the information set forth in this unsworn declaration, and I am competent to testify as to the matters stated herein.**
- 2. I am currently being held within the care and custody of the Ohio Department of Rehabilitation and Corrections since January 7th, 2011 for technical parole violations.**

- 3. That at the times mentioned in this Complaint I was housed at the Toledo Correctional Institution from October 31st, 2017 to September 2021.**
- 4. That in 2018 I was provided with boots that were initially too wide (12 4-E) and that I was told by Anitra Barker, Assistant Health Care Administrator, that The boots would be reordered and that they would be made to order (12 3-E).**
- 5. That upon arriving to medical to sign for the now boots, I learned the boots were a size 12 2-E, and brought this to the attention of Anitra Barker, who advised "These boots run large, so whatever size they are supposed to be, that's what they are". After signing for the boots and wearing them a few days I realized the boots were in fact too narrow and when I contacted Anitra Barker about this issue, I was advised because I signed for them they would not return them.**
- 6. That I was advised by Anitra Barker that if I wished to purchase new boots for my correct sizing to get with Unit Staff in order to purchase.**
- 7. That after conferring with Unit Staff, medical staff, special duty Captain and the Warden, Unit Manager Penny Abbott permitted me to order new boots, tennis shoes and shower slides from Hitchcock Shoes, Inc and provided Penny Abbott with a photo of the footwear.**

- 8. That after the order for new boots, tennis shoes, and shower slides arrived the waterproof boot was on back order.**
- 9. That after conferring with Penny Abbott and medical staff, I was permitted to purchase new boots, tennis shoes and shower slides, but was later denied the boots alleging the order was not approved, based upon an erroneous collegial review.**
- 10. That since 1996 while at the Belmont Correctional Institution Plaintiff was diagnosed with circulatory problems with his feet which required size 11 ½ 3-E footwear, yet was only provided a D-width boot from 1996 to 1999.**
- 11. That after Plaintiff's arrest in 2000 for parole violations and federal violations, Plaintiff was allowed to receive medically necessary footwear in the county jail from 2000 to 2002 and that after inception into the Federal Bureau of Prisons from 2003 to 2011 Plaintiff was permitted to receive size 12 3-E boots from an outside vendor indefinitely.**
- 12. That the documentation from Federal Bureau of Prisons was placed in Plaintiff's medical file upon return to ODRC on January 7th, 2011.**
- 13. That Plaintiff has never been diagnosed with a B-12 deficiency from 1984 to 2020, and that my peripheral neuropathy was a direct result of not being provided properly fitted footwear from 2011 until 2020.**

14. That Derek Burkhart and Anitra Barker were untruthful in the facts regarding the issuance of the wrong size boots.

15. That pursuant to the policy regarding medically necessary boots required ODRC to provide Plaintiff properly fitted footwear which was verifiable in Plaintiff medical file.

I, Brian Keith Alford, pursuant to 28 U.S.C. 1746 make this unsworn declaration under penalty of perjury and declare the facts and statement in this declaration are true.



Brian Keith Alford A196-744

Affiant/Declarant

Sworn to and subscribed before me this 11 day of April, 2025.



Scott Gobel
Notary Public

Notary Public



In and for the State of Ohio
My Commission Expires
2-7-2028